

ATTACHMENT P

NATIONAL SURVEY
PATIENT DISCHARGE ABSTRACTION FORM

OMB No. 0920-0212: Approval expires
08/31/2008

Assurances of Confidentiality - All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).